

List Request Form

☞ Fee: **\$50.00** per list (Cashier's Check or Money Order ONLY).

☞ Lists will come in **Excel** format.

☞ Lists will be **e-mailed** to address provided below.

*Name of person requesting list: _____

*Name of company (if applicable): _____

*Address of company: _____

*E-mail address: _____

*Contact phone number: () _____

Items with an asterisk are required before a list will be provided

***License Type (check all being requested - each box a separate list and fee):**

Pharmacist (484): <input type="checkbox"/>	Pharm Tech/Trainee (604): <input type="checkbox"/>	Wholesaler (673): <input type="checkbox"/>
Pharmacy (499): <input type="checkbox"/>	Dispensing Practitioner (564): <input type="checkbox"/>	MDEG (643): <input type="checkbox"/>
APN/PA (584): <input type="checkbox"/>	Controlled Substance (404): <input type="checkbox"/>	Intern RPh (531): <input type="checkbox"/>

Mark all items wished to be contained in the list (subject to approval):

Licensee Name (Last, First or Business): <input type="checkbox"/>	Address (all fields): <input type="checkbox"/>
License Number: <input type="checkbox"/>	Expiration Date: <input type="checkbox"/>
Phone # (businesses ONLY): <input type="checkbox"/>	

*Please provide a written explanation for the purpose of which the requested list(s) may be used: _____

*Please allow approximately 10 business days to process your request, *except May thru November, allow 4-6 weeks.*

Board use only:

Date Received

Amount

Date e-mailed